



Hotel Motel Excise Tax Registration Application

Note: The information on this form will be used to establish an account or to update an existing account. Monthly excise tax reporting forms will be generated from this file.

Business Name:	Account #:		
Street Address:			
City/State/Zip:			
Telephone No.:	Fax:		
Manager's Name:	Email:		
Mailing Address:	ATTN:		
City/State/Zip:			
Type of Ownership (check one): ☐ Single			
Corporation Name:			
Date Incorporated: Cit	ty/State where Incorpor	ated:	
Owner's Name:			
Owner's Address:			
City/State/Zip:			
Room Rental Information			
Number of rooms available at the location	n shown above:	Avg. Daily Rate: \$_	
Weekly Rate (range): \$ to \$	Monthly Rate (range	e): \$ to \$ __	
The undersigned certifies to the best of their k	nowledge that this informat	tion is true and corre	ect.
Printed Name of Preparer:		Date:	
Signature:			

Please return this form with remittance to:

City of Dunwoody ATTN: Finance and Administration 41 Perimeter Center East, Suite 250 Dunwoody, GA 30346